

## **SIMPLE INDIGESTION**

- **Etiology**

Excessive feed intake (grain and silage); indigestible roughage; sudden change in diet. Indigestion is more common when heavily fed cows are fed a little more concentrate than they can digest adequately. A sudden change to a new source of grain, especially from oats to wheat or barley, may have the same effect.

- **Epidemiology**

Usually in hand-fed dairy cattle and stall-fed beef cattle.

- **Pathogenesis**

Primary atony caused is difficult to explain. Changes in the pH of is affect the motility of the rumen, and in cases caused by overeating on grain an increase in acidity is probably of importance. High-protein diets, also depress motility because of the sharp increase in alkalinity that results.

Atony that occurs after feeding on damaged feeds may have the same basis. The simple accumulation of indigestible food may physically impede ruminal activity. Putrefaction of protein may also play a part in the production of atony. The toxic amides and amines produced may include histamine. A marked fall in milk yield occurs, caused probably by the sharp decrease in volatile fatty acid production in a hypotonic reticulorumen. Rumen contractions appear to play the same role as hunger contractions in simple stomachs and the decreased food intake is probably caused by the ruminal hypomotility or atony.

- **Clinical Signs**

In appetite is the first clinical finding, drop in milk production, the anorexia may be partial or complete, there is mild depression and dullness lack of rumination, rumen usually full and reticulorumen contractions decreased or absent, vital signs are normal. Spontaneous recovery in 12–24 h.

- **Clinical pathology**

None needed except to rule out differential diagnoses. Lesions not fatal.

- **Diagnostic confirmation**

A diagnosis of exclusion associated with spontaneous recovery.

- **Differential diagnosis list**

Early parturient hypocalcemia, acetonemia, traumatic reticuloperitonitis, carbohydrate engorgement, left-side displacement of the abomasum, right-side dilatation of abomasum, abomasal volvulus, vagus indigestion, phytobezoars, and secondary ruminal atony in toxemia.

- **Treatment**

Feed palatable grass hay and discontinue grain feeding

None required except consider need for rumen transfaunation. Oral magnesium hydroxide without determining rumen pH

- **Control**

Feeding management and provision of digestible feeds.